United Nations E/C.19/2009/3

Economic and Social Council

Distr.: General
19 February 2009

Original: English

Permanent Forum on Indigenous Issues
Eighth session
New York, 18-29 May 2009
Item 6 of the provisional agenda*
Comprehensive dialogue with six United Nations agencies and funds

Information received from the United Nations system and other intergovernmental organizations

United Nations Population Fund

Summary

The present report contains a summary of results and activities that the United Nations Population Fund (UNFPA) has contributed towards, with and in support of, indigenous peoples in recent years, with a particular focus on 2008, addressing in particular indigenous women's rights and reproductive rights, in line with the recommendations of the Permanent Forum. The activities of the Fund have focused on promoting indigenous peoples' rights, including reproductive rights, through supporting increased access of indigenous peoples and ethnic minorities to enhanced quality intercultural reproductive health services, with emphasis on pertinent policies, norms and improved services, largely aimed at addressing maternal mortality among indigenous women. UNFPA has also worked on supporting the prevention of HIV and AIDS among indigenous peoples, especially indigenous youth, including migrant youth, and has contributed to advancing gender equality and empowerment among indigenous women and their organizations, but also targeting adolescents and youth. Through research studies and data collection, dissemination and usage promotion, UNFPA has contributed to increasing the knowledge base on the situation of indigenous peoples, particularly women, and ethnic minorities in Latin America and Asia. In all its work, UNFPA incorporates a gender and culturally sensitive, human rights-based approach, promoting inclusive, participatory initiatives in favour of indigenous peoples and ethnic minority populations.

* E/C.19/2009/1.

09-24264 (E) 130309

I. Introduction

1. The United Nations Population Fund (UNFPA) mission statement declares that UNFPA promotes the right of every woman, man and child to enjoy a life of health and equal opportunity and supports countries in using population data for policies and programmes to reduce poverty and to ensure reproductive rights and gender equality.

2. At its fifth session, in May 2006, the Permanent Forum on Indigenous Issues recommended that UNFPA "fully incorporate a cultural perspective into health policies, programmes and reproductive health services aimed at providing indigenous women with quality health care, including emergency obstetric care, voluntary family planning and skilled attendance at birth".[1]

3. For several years, UNFPA has been developing capacities among its staff and counterparts in the use of a cultural perspective in its work and has developed resource materials to facilitate and mainstream a culturally sensitive approach in its development efforts. The approach adopted by the Fund has helped to inform project designs that fit diverse national and local contexts without losing sight of the human rights that are being promoted. By taking into account different world views, including different religious and ethical values and cultural backgrounds, the culturally sensitive approach adopted by UNFPA encourages finding locally grown solutions in order to ensure ownership and sustainability of development efforts in favour of indigenous peoples and ethnic minority communities.

4. An example of the above pertaining to reproductive health illustrates the application of such approaches. Providing effective health services, especially preventive care, often depends on the ability of medical and social services to accommodate cultural understandings, perceptions and practices. UNFPA acknowledges that the ways in which indigenous peoples understand the world are essential to their identity and development policies should therefore reflect and reinforce them. Indigenous peoples have much to contribute to development and as more emphasis is given to citizen and community participation and people-centred approaches, applying a cultural perspective includes acknowledging, appreciating and working with the social capital that exists among indigenous and ethnic minority communities.

5. In line with the recommendations of the Forum, UNFPA and its development partners consistently support initiatives that incorporate the culturally sensitive approach to the promotion of human rights, including reproductive rights, in its three programme areas: reproductive health and rights, population and development, and gender equality.

6. The present report provides information on the contributions made by UNFPA to the recommendations of the Forum in the following countries in Latin America and the Caribbean: Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Peru and Suriname; and in Asia and the Pacific region: Bangladesh, Cambodia, China, Lao People's Democratic Republic, Malaysia, Nepal and Viet Nam.

[1] E/2006/43, chap. I, para. 48.

II. Follow-up to the recommendations of the Permanent Forum on Indigenous Issues

A. Reproductive health and safe motherhood

7. Regarding the Forum's recommendation that all relevant United Nations entities, as well as regional health organizations and Governments recognize "the principle that health is a fundamental human right",[2] UNFPA continues to advance its work in the development and support of intercultural, human rights-based reproductive health policies and norms, as well as through assisting in the implementation of programmes and strategies through the development of health models that are producing important lessons for scaling up interventions at different levels. South-south cooperation strategies among countries in Latin America and the Caribbean are becoming driving forces in accelerating public policy design and implementation, without overlooking the need of validating experiences in the different cultural and institutional contexts of such countries.

8. Programme strategies include evidence-based advocacy and capacity development on reproductive health and rights among indigenous peoples and communities targeting national and local authorities, including indigenous leaders and indigenous women's organizations, as well as health providers and beneficiaries themselves. Integrated financial, programmatic and technical support for strengthening indigenous women's organizations and networks has been a key strategy, focusing not only on the reproductive rights and needs of indigenous women but also on their institutional needs. This strengthening of indigenous women's organizations and networks is a key intervention if indigenous peoples' ownership and leadership of the initiatives is to be sought. Another important strategy developed in line with the recent reorganization of UNFPA is that of indigenous peoples and State partnering with regional and national organizations and institutions, such as Family Care International and the Economic Commission for Latin America and the Caribbean (ECLAC), for assisting the development of capacities and knowledge generation. At the national and community levels, strategies also include the development of quality and culturally sensitive reproductive health information and education programmes with validation and full participation of indigenous peoples, in order to ensure that these programmes respond to their needs and respect their rights.

9. At the regional level, for instance, the new UNFPA-Spanish Agency for International Development Cooperation (AECID) Latin America initiative on strengthening indigenous women's organizations and health systems to promote maternal health, with an intercultural and human rights-based approach has been supporting the implementation of intercultural reproductive health policies and programmes for indigenous women at both the regional and national levels. This regional initiative in synergy with nationally led processes is focusing on the promotion and attainment of pertinent, intercultural sexual and reproductive health policies and programmes for indigenous women. One of its key elements is the strengthening of the capacities of indigenous women's organizations and networks as advocates for such programmes. The initiative, which receives financial support from AECID, was developed through a consultative process that builds on previous

[2] E/2004/43, chap. I, para. 89.

lessons and it has developed clear outcomes and strategies designed and validated with indigenous women's organizations and networks at both the regional and country levels.

10. In addition to contributing to strengthening indigenous women's organizations, empowering them to demand intercultural sexual and reproductive health and safe motherhood policies and programmes, the initiative has initiated the creation of a platform of knowledge, including traditional knowledge and beliefs, through the systematization and consolidation of experiences and their scaling up. Bolivia, Ecuador, Guatemala, Honduras and Peru are the focus countries of the regional initiative, with Mexico and Panama participating at the regional level as well as in south-south cooperation among countries.

11. In 2008, the Enlace Continental de Mujeres Indigenas de las Americas, Family Care International and UNFPA country offices assisted workshops aimed at country-level indigenous women's organizations and networks in Bolivia, Ecuador and Peru, assessing their existing capacities to promote sexual and reproductive health at the local and national levels.

12. In Latin America and the Caribbean, with different levels of advancement, UNFPA country offices in Belize, Bolivia, Ecuador, Guatemala, Guyana, Mexico, Nicaragua, Panama and Peru are promoting and contributing with ministries of health towards implementation of culturally sensitive approaches to reproductive health policies and programmes aimed at supporting the integration of traditional medicine and beliefs in health and reproductive health services in order to promote the rights of indigenous women and to reduce maternal mortality. In Bolivia, UNFPA supported the Vice-Ministry of Intercultural and Traditional Medicine in the realization of a national summit of traditional doctors and midwives to discuss public policies regarding health, including reproductive health/maternal health, and has contributed with the Government and indigenous peoples in the design of health-related norms. In the past three years, UNFPA has also been supporting the implementation of a project to institutionalize the education of obstetrician nurses within the Bolivian university system. This project will contribute to the development of skilled personnel trained to provide intercultural childbirth attendance. These professionals will be required to work in rural areas where the maternal mortality rate is the highest, including among indigenous women.

13. In Mexico, the promotion of the active participation of indigenous peoples in the areas of reproductive health and rights, population and development and gender equality has been a main concern for UNFPA since 1997. Between 2005 and 2008, UNFPA supported the development of 15 health models related to indigenous peoples in eight states of the country, providing important lessons for scaling up.

14. In Nicaragua, findings from a study on the reproductive health situation of indigenous women in the South Atlantic Autonomous Region, including the contributions of traditional medicine to their health, were disseminated among indigenous communities through interactive radio programmes.

15. In Peru, UNFPA has supported the revision of reproductive health norms with a culturally sensitive approach and promoted the rights of indigenous women to "vertical child delivery".

16. In Guyana, UNFPA is promoting intercultural health by supporting capacity development of health services on intercultural issues, particularly in the maternal and child health clinics.

17. In Guatemala, UNFPA has collaborated with the Ministry of Public Health to strengthen the national reproductive health programme by providing support to the development and implementation of a model for the reduction of maternal mortality, with a strong community component involving local traditional midwives and community committees. Midwives have received training in the provision of basic services to indigenous women and in their referral to obstetric services and are being recognized as community leaders who are capable of acting in participatory mechanisms of official health systems.

18. In Belize, UNFPA contributed to ensuring that indigenous concerns were reflected in the sexual and reproductive health policy review conducted by the Ministry of Health, including accessibility of service provision at the district and community levels with culturally sensitive approaches, taking into account local languages and traditions.

19. In Ecuador, UNFPA supported the Ministry of Health in developing an intercultural model of sexual and reproductive health interventions for indigenous women, taking into consideration their views, and in elaborating and disseminating technical guidelines. Key strategies include the use of Quechua among health providers and the training and physical adaptation of health services for the promotion of "vertical labour". One of the most important achievements is taking place through the strengthening of the user committees, which play a key role in implementing Ecuador's landmark Free Maternity Law. In 2008, UNFPA continued to work with the Government to support the participation of indigenous women in the user committees and in conducting social audits to monitor the implementation of the Law, including in provinces with a high concentration of indigenous peoples.

20. In Panama, UNFPA has been working for over 10 years with indigenous women, empowering them to demand intercultural reproductive health services. Within the framework of Law 10, which creates the Comarca Ngöbe Buglé, the country office has been working with the Ngöbe Women's Association (ASMUNG), a local indigenous women's association, in conjunction with the Ministry of Health and other actors, in providing support for emergency obstetric care and voluntary family planning. Examples of the changes that are slowly taking place are the inclusion of traditional midwives in the childbirth process and their acting as cultural brokers between indigenous women and health personnel. A community home close to health services was created by ASMUNG with UNFPA support to assist indigenous women in overcoming geographical and distance barriers in the days before and after birth. Simultaneously, community transportation mechanisms are being promoted in order to prevent delays in access to health services by pregnant indigenous women. In addition, the office has supported social audits by local women within the Comarca, including through capacity-building to allow them to conduct the audits on issues of sexual and reproductive health and girls' education.

21. Responding to the Forum's recommendation that UNFPA share lessons learned and experiences in dealing with reproductive health issues in a culturally sensitive manner, UNFPA Honduras and other United Nations agencies, including the United Nations Development Programme (UNDP), the United Nations Children's Fund

(UNICEF) and the United Nations Volunteers (UNV), initiated in 2008 an inter-agency project on improving maternal mortality indexes that affects mainly indigenous groups in the country.

22. In the spirit of south-south cooperation, UNFPA has promoted the sharing across countries of knowledge and expertise on intercultural approaches to reproductive health. For example, UNFPA is facilitating exchanges between the urban Kichua population living in Bogota and its homologous community in Ecuador on subjects related to health and traditional medicine. In Panama, doctors and health personnel from the Comarca Ngöbe Buglé have travelled to Peru and Ecuador to observe successful experiences related to intercultural reproductive health practices, such as the integration of Western practices and traditional medicine, including the "vertical child delivery" process. The UNFPA office in Nicaragua supported the participation of indigenous leaders at a meeting on indigenous peoples' rights and reproductive health that took place in Honduras.

23. In Chile, the collaboration of UNFPA with the Ministry of Health in 2008 included support for the training of staff at health centres on intercultural issues and the importance of providing information on ethnicity in the records that they must complete. Further collaboration is expected in 2009, as the Ministry has requested support from UNFPA to strengthen the intercultural approach to maternal, newborn and child health.

24. In Asia, UNFPA has promoted reproductive health and safe motherhood for ethnic minorities in various countries. In Viet Nam, for instance, UNFPA has worked at the policy level with the Ministry of Health and relevant partners to advocate for appropriate health-care policies and resources for ethnic minority regions. At the same time, the country office is supporting comprehensive interventions on safe motherhood and newborn care in 16 remote and ethnic minority districts of seven provinces, taking into account local cultures. Strategies include support for community-based blood banks and emergency referral systems and the supply of reproductive health equipment and essential reproductive health drugs in remote and underserved areas. In addition, ethnic minority midwives in areas where maternal mortality has been high are receiving training in maternal and neonatal health so that they can perform normal deliveries and refer complicated cases to higher levels. The Fund has also promoted integrating health education activities into local cultural events, such as festivals and markets, which has helped in obtaining the support of key gatekeepers, such as religious leaders and village patriarchs.

25. In Lao People's Democratic Republic, UNFPA has initiated, in cooperation with the Ministry of Health, a number of programme strategies, including the production of information, education and communication materials. In addition, cooperation focuses on increased voluntary family planning coverage through training and operationalization of community-based family-planning distributors coming from remote ethnic communities and the provision of services to their own communities, the training of village health volunteers in order to enable them to manage village drug kits, and increased skilled birth attendance at delivery for all ethnic groups.

26. In China, UNFPA interventions in the areas of reproductive health and safe motherhood contribute to advancing the rights of the country's ethnic minority groups. Since 2006, UNFPA, together with the National Population and Family

Planning Commission and the Ministry of Health and in collaboration with local authorities, has been implementing a project aimed at improving quality care in maternal health, preventing and managing sexually transmitted and reproductive tract infections, preventing HIV/AIDS, and promoting and improving access to voluntary family planning and reproductive health information and services. The project targets individuals and communities, especially men and women of reproductive age in 30 counties, some of which have large ethnic minority populations, with materials available in local languages.

27. UNFPA China has also been actively involved in the design and formulation of the Culture and Development Partnership Framework, a three-year (2009-2011) United Nations joint programme that targets directly ethnic minority groups in four of the provinces in which they are concentrated: Yunnan, Guizhou, Qinghai and Tibet. UNFPA, UNICEF and the World Health Organization (WHO), the three agencies engaged in the maternal and child health component of this joint programme, work closely with the Ministry of Health. The work of each includes supporting the local adaptation of existing national maternal and child health policy and guidelines, in each case addressing culture and language issues as well as the overarching issue of poverty, and collaborating with government on the development of high-level policy recommendations for the modelling, monitoring and evaluation of such policy. In addition, to stimulate demand, UNFPA will focus on providing support to the Government in developing and testing new models for community health education, specifically addressing culture and language issues that currently result in the poor uptake of services by minorities, especially women. On the supply side, UNFPA will undertake advocacy with local government and civil society leaders, in order to increase the priority they give to financing and supporting maternal and child health and family planning services for ethnic minorities and to increase the participation of minorities as promoters or service providers.

28. In Nepal, UNFPA continues to support the Government in the population and reproductive health integrated community-based programme. Since 2007, the programme has been implementing a comprehensive demand-driven intervention in specific village development committees. The programme aims to empower communities, including socially excluded groups, to demand quality reproductive health services and strengthen the reproductive health service delivery system at the district and village levels. A key feature of the programme is that it has effectively taken an inclusive approach to mobilizing people from socially excluded groups (especially Dalits, Janajatis and religious minorities) for bottom-up planning processes. Efforts to ensure meaningful participation of the community and strengthening the health delivery system were concentrated in all the village development committees situated in the catchments of selected primary health-care centres in six districts (Saptari, Mahottari, Rauthat, Kapilvastu, Dang and Dadeldhura).

29. UNFPA Bangladesh, in collaboration with other United Nations agencies, is supporting the implementation of an intercultural health programme in the Chittagong Hill Tracts region. The programme focuses on reproductive health, family planning and safe motherhood and takes careful cognizance of the cultural and linguistic diversity of the region's ethnic minorities and difficult geographic terrain. A key strategy has been providing training at the various communities to local health workers and midwives in order to improve reproductive health and

increase access to skilled attendance at delivery, taking into account traditional practices. In addition, within the sixth country programme, UNFPA promoted integrated access to reproductive health and HIV/AIDS information and services for tea garden workers, an indigenous population in Sylhet. The project included a maternal and reproductive health voucher scheme, which may be replicated in the Chittagong Hill Tracts programme.

B. Migration

30. In line with the Forum's recommendation on addressing the issue of migration among indigenous groups, a project supported by UNFPA in Costa Rica and implemented by the International Organization for Migration (IOM) in close collaboration with the Costa Rican national health-care system (Caja Costarricense de Seguro Social (CCSS) health area of Coto Brus), reaches indigenous women and their families who migrate yearly from Panama into Costa Rica to work in coffee plantations across the border. Initiated in 2003, the Finca Sana project supports mobile teams of health providers who visit the coffee plantations during the coffee season carrying out vaccinations, malaria treatment, prenatal care and other health services for the migrant indigenous population. In its current phase, the project is promoting cultural integration and the development of sustainable, mobile and decentralized health capacities among the migrant Ngöbe Buglé community. Building on this experience, the UNFPA offices in Costa Rica and Panama have begun a joint programming exercise with IOM to formulate a proposal to contribute to improved health, particularly sexual and reproductive health/maternal health, in Ngöbe Buglé communities in the two countries.

31. With the assistance of UNFPA, ECLAC in Chile is carrying out migration studies in border countries, which frequently involve indigenous communities, including migrant youth. The results of these studies are expected to be available by the end of 2009.

32. In Mexico, UNFPA has supported the development of strategies and public policies that address the consequences of migration to and from the State of Guerrero and has developed a project to improve maternal health among indigenous migrant women from the State of Oaxaca, working in both origin and receiving communities.

C. HIV/AIDS

33. In the area of HIV/AIDS prevention, UNFPA has contributed to the creation of knowledge in Guatemala, Mexico and Nicaragua. In Guatemala, UNFPA supported the elaboration of a study on the knowledge, attitudes and practices of four indigenous communities in the sphere of sexuality and sexually transmitted infections, including HIV/AIDS. UNFPA Mexico supported a study on the linkages between migration, HIV/AIDS and sexually transmitted infections among the Tsotsiles in the State of Chiapas. Some of the findings were used to train indigenous leaders and health personnel. In Nicaragua, UNFPA has provided support for two projects with indigenous women of the Atlantic Autonomous Regions in partnership with non-governmental organizations and the Polytechnic University of Nicaragua. The projects aimed to raise awareness among indigenous women of their rights and

to identify sociocultural gender practices that constitute risk factors for HIV/AIDS and other sexually transmitted infections among the Tasba Pri indigenous peoples.

34. In collaboration with the University of the Autonomous Region of the Caribbean Coast of Nicaragua (URACCAN), UNFPA Nicaragua organized a workshop in 2008 to examine the role and contributions of traditional doctors in the response to the HIV epidemic in the country's Caribbean Coast.

35. In Panama, UNFPA is contributing to the fight against HIV/AIDS by incorporating HIV/AIDS prevention training into all training activities with indigenous community health promoters and with community advocates on women's rights.

D. Gender equality

36. The Permanent Forum has made several recommendations to the United Nations system concerning equality, empowerment and participation of indigenous women. In particular, the Forum has recommended that the United Nations system "integrate the human rights, including the reproductive health rights, and special concerns and needs of indigenous women into their programmes and policies, and report regularly to the Forum".[3]

37. UNFPA advocates for women's rights, through the promotion of legal and policy reforms to end gender-based violence and discrimination, while addressing sociocultural barriers and supporting indigenous and ethnic minority women's participation and increased access to quality health services. For example, through the regional initiative, the Latin America and Caribbean Regional Office has funded the Enlace Continental de Mujeres Indigenas de las Americas to formulate a plan of action geared to articulating and strengthening the leadership capacities of indigenous women.

38. At the country level, UNFPA has contributed to strengthening indigenous and ethnic minority organizations and networks in Argentina, Bolivia, Ecuador, Mexico, Panama and Viet Nam. In Panama, UNFPA facilitated the participation of Coordinadora Nacional de Mujeres Indígenas de Panamá (CONAMUIP) and the Ngöbe Women's Association in the First International Forum of Indigenous Women. In Viet Nam, UNFPA supports the Women's Union and Farmer's Union, two key civil society organizations active in ethnic minority regions, to integrate health education activities into income-generating models, such as microcredit schemes or agricultural extension activities. UNFPA Argentina has supported indigenous women's organizations by facilitating their participation in regional meetings. In Mexico, the country office is working with the National Centre of Reproductive Health and Gender Equity of the Ministry of Health to develop strategies for the empowerment of indigenous women.

39. In Ecuador, UNFPA facilitated opportunities for indigenous women to network and discuss their agendas, which include sexual and reproductive health, strengthen leadership and create a positive atmosphere for public policies, learning from each other and disseminating good practices among grass-roots organizations. As a result, the indigenous women's secretariat of the Confederation of Indigenous Nationalities

[3] E/2004/43, chap. I, para. 5.

of Ecuador (CONAIE), Ecuador's major indigenous organization, has strengthened its capacity of networking nationally and regionally and has expanded its expertise.

40. In Bolivia, UNFPA in close partnership with the regional initiative has promoted the participation and empowerment of indigenous women's organizations and networks, both in mixed and women only organizations. Its partnership with the Confederation of Indigenous People of Bolivia (CIDOB) and the Bartolina Sisa movement has been longstanding. The recently created National Confederation of Indigenous Women is also a partner in this area.

41. In Lao People's Democratic Republic, UNFPA supported the 2008 exhibition workshop of the Lao National Commission for the Advancement of Women. The workshop provided a forum for discussion of issues related to ethnic groups, including lessons learned from the gender and HIV/AIDS awareness programme for the Akha population in the northern provinces.

42. In Suriname, UNFPA is collaborating with a national women's organization for capacity-building on gender roles and sexual and reproductive health in Maroon communities, targeting men in particular.

43. In collaboration with the National Women's Institute, UNFPA Costa Rica has supported the participation of indigenous women in regional and national consultations leading up to the national policy on gender equality and equity and its action plan, which includes an ethnic perspective.

44. In Guatemala, UNFPA provided support to the Presidential Women's Secretariat for the inclusion of indigenous women's issues in its policies. The national policy for the promotion and development of Guatemalan women includes specific topics related to indigenous women, particularly those related to the prevention of sexual violence, the protection and promotion of rights, participation in decision-making processes and the recognition of de facto equality in the areas of health, education, employment and public and private life matters.

45. In Colombia, UNFPA, along with other United Nations agencies, has been providing humanitarian assistance to internally displaced persons, of which an estimated 80 per cent are indigenous peoples. In the case of UNFPA in particular, special emphasis has been given to working with the displaced Nasa women in order to identify and meet their needs on sexual and reproductive health. In the response to the 2008 flooding, UNFPA worked to create cultural awareness of the needs of indigenous women regarding their sexual and reproductive health and provided support for making dignity kits available to women and girls.

46. Regarding the prevention of gender-based violence, UNFPA is contributing to advancing the rights of indigenous and ethnic minority women and girls in Colombia, Mexico, Ecuador, Malaysia and Guyana. UNFPA Colombia is supporting the implementation of two projects aimed at preventing gender-based violence among indigenous women that have been displaced. In Mexico, UNFPA has contributed to the development of a community participatory and training model with the Tsotsiles and Tseltatles peoples in the State of Chiapas aimed at preventing violence against indigenous women and girls and preventing HIV/AIDS. In Ecuador, UNIFEM and UNFPA supported the Association of Quechua Women in implementing an awareness campaign and training project on gender-based violence as one of the problems that restricts the participation of women and the exercise of their rights at the community level. The strategy consisted of holding mixed training

and awareness-raising workshops, while lobbying with the authorities of the Federation of Quechua Organizations. In Malaysia, UNFPA initiated in 2007 a project to improve the capacities of marginalized and ethnic minority women to protect themselves from violence and other related problems, including HIV, and to build the capacities of and sensitize non-governmental organizations and law enforcement officers, politicians and the media to respond to gender-based violence. A needs assessment was conducted in 2008 to determine follow-up activities in 2009 and beyond. In Guyana, UNFPA supported an empowerment programme for indigenous women and men that addressed gender-based violence.

47. An important process is being carried out with the Emberá population in the Department of Risaralda, Colombia, to transform the practice of female genital mutilation/cutting. After identifying this practice among certain Emberá communities in the areas of Pueblo Rico and Mistrató, UNFPA started an initiative to support the community in an inclusive, participatory process of reflection and dialogue regarding the practice and its implications in order to determine its origins and how best to transform it. The initiative also contributes to strengthening dialogue between indigenous authorities and government institutions regarding access to quality, non-discriminatory reproductive health services. Throughout the process, Emberá women have been empowered through increased knowledge and awareness of women's rights in the community and among women themselves.

48. In line with the Forum's recommendations on indigenous peoples' equal right to education, UNFPA has been working in several countries to promote indigenous peoples' equal access to learning opportunities and gender equality in education. In Panama, for example, UNFPA promoted the training of Ngöbe teachers on gender and masculinity, sexual and reproductive health, with an intercultural approach.

49. In Bolivia, UNFPA supported a project to provide literacy skills in Quechua and in Spanish and to train participants in sexual and reproductive health. Between 1999 and 2007, the project reached more than 137,000 people, of which 79 per cent were women.

50. In Peru, UNFPA provided support to the Ministry of Education for scaling up, starting in 2006, a bilingual literacy project in Quechua and Spanish. The methodology was adopted at the national level, reaching approximately 100,000 men and women, most of them indigenous peoples. Seven thousand instructors were trained to facilitate the educational process.

E. Indigenous children and youth

51. In line with the recommendations of the Forum regarding indigenous children and youth, UNFPA has supported programmes in several countries, advocating for the inclusion of indigenous adolescents and youth in national youth policies, and has reported regularly to the Forum. In Bolivia, for example, the National Adolescent and Youth Survey 2008, sponsored by UNFPA, included a series of questions on indigenous populations in these age groups.

52. In the sphere of sex education, UNFPA Ecuador supported indigenous organizations in the Sierra and the Amazon regions in preparing sex education materials with an intercultural approach for teachers at bilingual schools, and the "Let's take care" health promotion manual was adapted for their use. In Suriname,

the country office has contributed to the development of bilingual training and education and prevention materials for young people, with careful consideration to and inputs from the members of local communities, health workers and youth.

53. In the Marowyne District of Suriname, UNFPA collaborated with UNICEF to conduct a study on youth and their health in a Maroon community focusing on sexual and reproductive health and linkages to employment and life satisfaction. Findings from the study will inform the development of action plans, with the participation of the young people themselves, in order to address their concerns, including the establishment of youth-friendly health spaces and services.

54. In Panama, UNFPA has been supporting a replicable model on health and sexuality education, empowerment and youth rights among indigenous youth, in close partnership with non-traditional non-governmental organizations and Family Care International in the Veraguas and Comarca Ngöbe Buglé.

55. Of particular interest is the intersectoral approach of the initiative in Guatemala, which targets young adolescent indigenous girls and has been carried out with the technical assistance of the Population Council. UNFPA continues its work with indigenous adolescent girls, contributing to the creation of livelihood skills and job opportunities, along with education in sexual and reproductive health. UNFPA has also provided technical assistance to the Ministry of Education for the redesign of curricula to benefit indigenous peoples, particularly adolescents and youth.

56. In support of indigenous youth, UNFPA Costa Rica in 2008 continued to build the capacities and awareness of indigenous youth around their rights as young people and promoted their participation in activities of the Young People's Council and in the Indigenous Youth Network of the National Commission on Indigenous Affairs.

57. In Mexico, UNFPA has been working for more than 10 years for indigenous youth and has supported the development of several models for sexual and reproductive health communication campaigns in different languages and culturally sensitive education and training materials. Information, communication and education have been key strategies for approaching adolescents and indigenous youth and building trust and knowledge in the state of Chiapas, where audio material was developed in Tsetsal, Tsotsil and Spanish, along with the production and dissemination of an intercultural radio programme providing distance learning and training on sexual and reproductive health. Participatory sexual and reproductive health and reproductive rights models for indigenous youth were also developed in Chiapas and Guerrero with UNFPA support. In San Luis Potosí, UNFPA supported the establishment of a sex education programme, which has strengthened the primary school education model. Similar models have been developed in the states of Hidalgo, Michoacan, Oaxaca, Puebla and Quintana Roo.

58. In 2008, UNFPA supported the initiation in Nicaragua of a project on sexual and reproductive health, geared principally to adolescents and youth of the Caribbean Coast, where indigenous and Afro-descendant youth groups primarily live. The project derives many lessons and best practices from the Mexico experience.

59. UNFPA Guyana has contributed to initiatives aimed at protecting the rights of indigenous populations and in particular youth by promoting awareness on trafficking in persons in the regions where indigenous young women are vulnerable and at high risk. In addition, the country office has supported the establishment of a

youth-friendly space in Region One, which will cater to the needs of a significant number of indigenous young women and men.

F. Human rights

60. A strong commitment to human rights informs every UNFPA action. The Fund's work in the area of human rights involves working closely with Governments, parliamentarians, civil society organizations, religious and traditional leaders and other decision makers to promote and support initiatives aimed at protecting the rights of women and adolescent girls, including in indigenous and ethnic minority communities.

61. UNFPA is committed to the Declaration on the Rights of Indigenous Peoples and continues to support its implementation and dissemination to ensure that it reaches all sectors of society. In that regard, UNFPA offices in Colombia, Ecuador, Nicaragua, Peru and Viet Nam have contributed to disseminating the text, including by supporting its publication and translation into indigenous peoples' and ethnic minorities' languages.

62. In China, UNFPA has contributed to the dissemination of many underlying principles of the Declaration by sensitizing central, provincial and local level policymakers on the rights and participation of ethnic minorities and by promoting the development of rights-based approaches in the areas of gender, reproductive health and population and development.

63. In Guatemala, UNFPA has contributed to the strengthening of national institutions, such as the Presidential Women's Secretariat, the Office of the Ombudsman of Indigenous Women, the Planning and Programming Secretariat of the Presidency, and the Institute of National Statistics, among others.

64. In Panama, UNFPA supported the Ngöbe population in promoting and advocating their right to health (including reproductive health), education and development, and collaborated with other United Nations bodies in the establishment of a bipartite council on indigenous issues that would participate in Government decisions regarding indigenous peoples. In Guyana, UNFPA contributed to the participation of indigenous populations from five regions in consultations leading up to the development of the Sexual Offences Bill, which has been tabled in Parliament.

65. In Nicaragua, UNFPA has contributed to the promotion of indigenous peoples' rights by strengthening the special ombudsman for indigenous peoples and providing financial and technical assistance for the organization of a national forum against racism, with representation from various civil society organizations, including representation of different ethnic groups.

66. In order to promote the participation and empowerment of ethnic minorities at both local and national levels, UNFPA in Cambodia supported, in 2006 and 2007, consultations on ethnic issues in Rattanakiri, with participants from the two other most populated ethnic minority provinces of Mondulkiri and Preah Vihear. District consultative workshops led to a provincial consultative meeting with active participation of ethnic minorities, relevant Government institutions, stakeholders and donors, bringing their particular needs to the attention of policymakers. In addition, UNFPA has contributed to improving ethnic minorities' understanding and knowledge of their basic rights, including reproductive rights, to ensure representation and active participation in the local planning process. As a result, ethnic minority populations have been able to advocate for the inclusion of specific

issues affecting their lives, including reproductive health and domestic violence, in the commune investment plan.

G. Population and development

67. In the sphere of population and development, UNFPA promotes the collection and use of disaggregated data to support Governments in designing and implementing policies and programmes that tackle inequities and benefit vulnerable populations. The Fund provides financial support as well as technical support for strengthening national capacity for censuses, surveys and needs assessments, in partnership with ECLAC. One key area of focus will be the 2010 round of censuses, the results of which will be critical to assessing progress towards the Millennium Development Goals.

68. In line with the recommendation of the Forum that all relevant United Nations entities research the needs of indigenous women and the causes of "indigenization" of poverty, UNFPA has been working with partners at the regional and country levels to collect disaggregated data and to develop and disseminate quantitative and qualitative studies on the situation of indigenous peoples, focusing particularly on the rights of indigenous women and girls. In addition, in several countries, UNFPA is working to ensure that indigenous issues are adequately reflected in national censuses.

69. In Latin America, UNFPA has provided, along with other partners, assistance to ECLAC for the analysis of the situation of indigenous peoples of the Americas. The UNFPA partnership with the Population and Development Division of ECLAC has permitted the generation and dissemination of the "System of socio-demographic indicators on indigenous peoples and populations for the Americas", including the elaboration of studies on indigenous urban migration and settlements.

70. In 2008, the Asia-Pacific Regional Office published a comprehensive report on the "Reproductive health of ethnic minority groups in the Greater Mekong Subregion", covering Cambodia, Lao People's Democratic Republic, Thailand, Viet Nam and the Yunnan Province in China. The report provides a review of available data on the sexual and reproductive health of ethnic minority groups in the region and examines the various barriers to access to information and services, which include lack of access to education, limited political and social empowerment and specific barriers due to policy, strategy and budget allocation, as well as physical and geographical constraints. Recommendations include strengthening sexual and reproductive health services by ensuring that they are relevant to cultural understandings and by tailoring provisions to local needs. Beneficiary involvement in planning and development processes, recruitment of service providers from ethnic minority groups and use of local languages are also recommended.

71. At the country level, UNFPA supported the improvement of population and development models and information systems, providing key instruments for the definition and monitoring of public policies in favour of indigenous peoples in Mexico, Ecuador and Belize. UNFPA Mexico supported the development of a model on population, environment and sustainable development among the Lacandona indigenous peoples of Chiapas, including support for the elaboration of surveys and qualitative studies on reproductive health, population dynamics and the usage of

natural resources. In Ecuador, UNFPA assisted the establishment of the National Statistical Committee for Indigenous Peoples and People of Afro-Ecuadorian Descent. This official government body, with government and civil society participation, will seek to develop qualitative and quantitative information and methodologies to derive more precise, disaggregated indicators for measuring life conditions among indigenous peoples. In Belize, UNFPA supported the improvement of the national Health Information System, ensuring the collection and analysis of information disaggregated by ethnicity and geographic location.

72. In Guatemala, UNFPA provided support for the generation and use of disaggregated data on indigenous peoples in rural and urban areas, including gender concerns. A manual on the integration of indigenous peoples and gender issues into the work of Guatemala's National Institute of Statistics has been launched in order to contribute to the inclusion of indigenous and gender issues in the 2010 national census.

73. Regarding the realization of qualitative studies on the situation of indigenous peoples and ethnic groups, UNFPA has contributed to the recommendations of the Forum in Brazil, Bolivia, Lao People's Democratic Republic and Viet Nam. In Brazil, the Fund partnered with the Ministry of Public Affairs, State prosecutors and various universities to carry out, with the assistance of Spanish funds, a comparative study on the situation of the Guarani people living in the border areas of Brazil, Paraguay and Argentina. In 2008, UNFPA Bolivia, in collaboration with Family Care International and the Vice-Ministry of Intercultural and Traditional Medicine, developed a study on sexual and reproductive health among the Aymara, Quechua, Esse Ejja and Cavineño indigenous peoples.

74. In Lao People's Democratic Republic, UNFPA supported the elaboration of various qualitative studies, highlighting traditional practices that can vary among ethnic groups, including differences in the initiation of sexual activity, age of marriage and childbirth practices, and identifying key barriers to women's access to information and education on reproductive health issues, such as language barriers and limited access to education.

75. The country office in Viet Nam has conducted a number of studies on different areas of health care policies and service delivery for ethnic minorities. Findings from the studies have been published and widely disseminated to increase awareness of sexual and reproductive health issues faced by ethnic minorities.

76. In China, the United Nations joint programme will survey and document the health and nutrition situation in project counties with, for the first time in China, specific attention paid to culture and ethnicity, and will collect and assess traditional beliefs and practices regarding health and nutrition using qualitative and participatory field methods. These surveys will be used, first, to create a culturally and linguistically adapted package of maternal and child health and family planning materials and provide necessary supplies and training for ethnic minority leaders and health service providers in pilot sites and, second, to provide recommendations at policy level for improved health policies for ethnic minorities.

77. UNFPA supported the incorporation of indigenous and ethnic minority issues into national censuses in Cambodia, El Salvador, Peru and Viet Nam. In Cambodia, special attention has been given to advocacy materials for ethnic groups and selection of enumerators belonging to ethnic groups to ensure the full participation

of these groups in the 2008 census, with data disaggregated by indigenous languages. In El Salvador, UNFPA promoted the involvement of indigenous peoples in the process of the 2007 census of housing and population, which included information on indigenous issues for the first time since 1930. In Peru, UNFPA has supported national efforts to include in the questionnaire of the national census a question regarding the language spoken by the mother or grandmother of the interviewee in order to identify those people that come from households with indigenous ancestry. In Viet Nam, UNFPA is providing technical and financial support to the 2009 census to ensure that health and socio-economic indicators reflect ethnic minorities' issues.

78. In Belize, UNFPA supported the Statistical Institute of Belize in the preparations for the 2010 census, including on issues of coverage and disaggregation and analysis of data on indigenous populations.

79. In Ecuador, civil servants from the National Institute of Statistics were sensitized and trained on the cultural aspects regarding censuses and surveys in the lead up to the 2011 census.

80. In Brazil, UNFPA is working with the Government's Brazilian Institute of Geography and Statistics (IBGE) on a pilot census on indigenous peoples, which will provide data that will allow for better estimation of indigenous needs, as well as formulation of more effective public policies to protect their rights.

H. Inter-agency coordination

81. The practice of inter-agency coordination at the country level is in keeping with the United Nations reform and with the Permanent Forum's mandate to heighten awareness about indigenous issues and to promote integration and coordination of all activities related to these issues within the United Nations system.

82. As part of United Nations country teams, UNFPA has contributed to promoting and consolidating inter-agency intercultural thematic groups in Bolivia and Ecuador. In Ecuador, the Fund continues to coordinate the thematic group on intercultural affairs. In Chile, UNFPA is involved in the inter-agency group on indigenous peoples. In Lao People's Democratic Republic, UNFPA is a member of the United Nations ethnic peoples working group.

83. In Mexico, UNFPA is working with other United Nations agencies to promote active and meaningful participation of indigenous peoples in the development of public policies, at both national and state levels. In Suriname indigenous issues were included in a broad consultation on national priorities and actions during the United Nations Development Assistance Framework (UNDAF) process. In Belize, UNFPA worked with other United Nations agencies and national partners to promote the discussion of indigenous issues in all programmatic activities.

84. In Nepal, UNFPA participated in the United Nations country team review of the draft United Nations Development Group guidelines on indigenous peoples' issues and in the combined training on the human rights-based approach and indigenous issues that was held in February 2009. UNFPA is a member of the Social Inclusion Action Group, which comprises United Nations agencies, international non-governmental organizations and donors.

85. In Nicaragua, inter-agency collaboration has focused on increasing knowledge and awareness of the rights of indigenous populations, including their reproductive rights. The country office, in coordination with UNDP, carried out a workshop to discuss the Millennium Development Goals and their implications for indigenous and ethnic leaders of the Caribbean Coast.

III. Obstacles

86. Facilitating factors and challenges encountered in our work on indigenous and ethnic minority issues have varied greatly across countries, influenced, among others, by national priorities and political opportunities. In many countries, political conditions have been important opportunities for advancing indigenous women's rights, including reproductive rights, and promoting the incorporation of an intercultural perspective into public policies and reproductive health services for indigenous women.

87. In other countries, challenges have been related to the lack of adequate budgets and changes in Government institutions. In some instances, national health systems and health providers themselves have been reluctant to incorporate the cultural perspective into national programmes. It is through advocacy and strengthening the participation of indigenous women themselves that obstacles are being overcome to varying degrees in different countries. There is a need to emphasize the incorporation of an intercultural perspective into maternal health with Governments if Millennium Development Goal 5 is to be achieved, with due respect for human rights, including the reproductive rights, of indigenous and ethnic minority women.

88. A positive development has been the establishment, in most countries, of partnerships with key governmental and civil society partners and indigenous and ethnic networks that have become strategic for UNFPA in contributing to the implementation of the recommendations of the Forum at both the regional and country levels. An additional facilitating factor has been the Declaration on the Rights of Indigenous Peoples, together with the support it has received from most countries in Latin America and the Caribbean.

IV. Other relevant activities

89. In line with the recommendations of the Forum, the Latin America and the Caribbean Regional Office and the Asia and Pacific Regional Office of UNFPA have adopted the topic of indigenous issues as a priority area in their current regional programmes (2008-2011).

90. The Latin America and the Caribbean Regional Office has formulated its strategic plan for indigenous issues to provide increased guidance to country offices and partners working on indigenous issues during its 2008-2011 programme cycle. The Office has also requested all its country offices to consider indigenous issues in their programming processes. Likewise, in order to advance indigenous issues in the region, the Regional Office has established an ad hoc working group comprising staff members from country offices and the country support teams.